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Preliminary Health Needs Assessment Survey of Hazira

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The Foundation for Research in Community Health
Pune/Mumbai

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*And last but not the least the people of Hazira who
co-operated in providing information for this study.*

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Four extensive focus group discussions were held with the community which helped considerably in generating information. (*Details in Annexure*)

Case studies of health practitioners were conducted to understand the health problems and utilization of the health services.

(*Details in Annexure*)



Validity of the data

Apart from that, questionnaires were used to supplement the information and get a general idea about the community. The validity of data was ensured by crosschecking with the Talathi, ANM, Postman, the community development officer of Shell India and focus group discussions.

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It is believed that earlier the water in the wells was potable. Now the water has become salty. This is probably because of the infiltration of sea water in the drinking water. ESSAR had taken out huge quantities of sand for levelling the soil, therefore the sea water had seeped inside the wells. The water from this well was prescribed by traditional practitioners as a medicine for gastro intestinal problems.

Apprehensions expressed by community members

Mr. Kantibhai Patel feels that Hazira villagers will be displaced by 2005 or people will have developed some health problems due to pollution. The same fears were voiced by Ushaben Girishbhai Patel.

Hazira had three sanitoriums which imply that air was non-polluted and was considered good for health while today people bitterly complain about pollution. Pollution can be traced to the increase in respiratory illness and eye problems.

Accidents and Crimes

The number of accidents have increased since the industries have come up.

Year	Minor	Serious	Fatal	Total
1998	19	21	9	49
1999	16	32	16	64
2000	25	17	8	50

Source : Icchapore Police station

Crime has also increased. On 23rd December 2000 there were three cases of robbery in Mataphalia. Though the cases are not reported at police station.

Chapter 5

Policy of the Industries

Land purchase

The industries have purchased land and have paid a reasonable amount for the same. However this can not replace the life time occupation or income generation activity like fishing and agriculture.

It is very necessary that people should be guided on how to manage large sums of money.

As community members say in disgust, after receiving bulk money people built palatial houses, ate apples for two months, consumed foreign liquor and finished their money.

These case studies depict the picture of what happens when large amount of money is given:

Name : Rasik Bhai Patel (9th Pass), Holi Street

His father had sold 2 acres of land to Essar. He was paid around 5 lakhs. They built a big house costing them approximately 3 lakhs, and now he doesn't work. His wife has to work in Nandniketan as housemaid. His mother also works as a labourer. When asked, what happened to the rest of the money, he said that they received it ten years back. Now we don't have the money. When asked, why the money was not kept in the bank, he said they didn't know that money should be invested.

Sheetal Bhai Patel (Xth Pass), Bhawai Street

His father used to work in ST. They are two brothers, one is handicapped. So, he is not married. The younger son who is married has a three years son, has sold 2 acres of land to Essar and received 5 lakhs, 80 thousand after giving commission to the agent. They built one new house in Bhawai Street and one house was renovated. They spent around 3 lakhs, 50 thousand on it. They have money in the bank but as they have no jobs, they spend whatever they earn as interest which comes to around three thousand. That is why sometimes they cannot access health services. He feels that if he had kept some agricultural land, he would have got money plus food for the family. He feels he has been cheated. One of the things which he said, was that many of them have spent the money on alcohol. So paying lumpsome money is wrong since it leads to bad habits. The same thing happened to his brother and he became handicapped. Both these families were engaged in agriculture.

People often forget that money for land is meant not only for the present moment but also for the beginning of a new occupation. The money is to be utilized for long-term purposes.

One of the industries, KRIBHCO, realized this, and while acquiring the land jobs were provided for one member of each family whose lands were acquired.

Landless labourers

The landless labourers who were dependent on other's lands for their livelihood have lost

their source of income as a result of land acquisition and no compensation was given to them.

Fishermen/fisherwomen

The fish population has reduced due to industrial waste and some part of the sea has been restricted for fishing by the industry as a consequence the fisherfolk have lost their source of income.

Absence of community participation

While acquiring land industries created a separate cadre of community leaders. These community leaders acted as middlemen in acquiring land. They were paid 10% commission on each deal.

As a result they have become rich and powerful.

Community members are apprehensive that Shell may also follow the same policy of establishing a rapport with few community members and neglecting the community as a whole.

Community members feel that the sarpanch was dismissed because he stopped the commission business for land holdings. He was dismissed due to political pressure.

Chapter 6

Health Perception

The perception of health in the community is affected by the socio-economic conditions. According to the people :

A HEALTHY PERSON IS

- one who works fast,
- doesn't fall sick regularly,
- is not lazy
- who can eat anything.
- strong built

Health is related to employment.

THE PERCEPTION OF ILLNESS

- one who is not employed
- one who is addicted
- one who is not happy
- cough, cold, addiction are not considered as diseases

Women said men fall sick because of alcohol, women fall sick because of work, overwork, tension, tubectomy.

- Source : FGD

During our focus group discussions, the reason for following diseases stated by the community.

- | | | | |
|----|---------------------|---|-------------------------------|
| 1. | Respiratory illness | - | Pollution |
| 2. | Diarrhoea | - | Wrong food |
| 3. | Stress (Men) | - | Unemployment |
| 4. | Stress (Women) | - | Water and alcoholism |
| 5. | Fever | - | Mosquitoes |
| 6. | Leucorrhoea | - | Weak uterus |
| 7. | Menstrual disorders | - | Lack of nutrition/overwork |
| 8. | Neck pain/Backache | - | Carrying water, firewood etc. |

Though they are aware of the social causes of the diseases, the etiological causes needed to be explained. These will help them to cope with common problems. This will also help them to prevent certain diseases like diarrhoea, backache, prolapse etc.

Diseases perceived commonly occurring by the community

Sr. No.	Commonly perceived illness	No. of respondents	Percentage
1.	Fever	97	26.65
2.	Cough & Cold	133	36.54
3.	Diarrhoea	49	13.46
4.	Malaria	31	8.52
5.	Ache and pains	20	5.49

(Multiple responses)

Chapter 7

Morbidity and Mortality Pattern

Morbidity Pattern

The reported diseases are mainly common cold, cough, eye irritation, respiratory diseases, fever, malaria and typhoid. Freelisting as a method of investigation could not work effectively as freelisting of even a minimum of three diseases was becoming a difficult process to extract information.

Sr. No.	Name of the illness	No. of episodes (121)	Percentage
1.	Fever	35	28.93
2.	Cough	19	15.70
3.	Cold	21	17.36
4.	Irritation of eye	2	1.65
5.	Malaria	7	5.79
6.	Diarrhoea	11	9.09
7.	Arthritis	2	1.65
8.	Hypertension	3	2.48
9.	Ache and pains	10	8.26
10.	Accidents and injuries	5	4.13
11.	Others	6	4.96

The above list was obtained from 150 household through the questionnaire designed by FRCH. Though the list is not complete it gives an indication of the health problems suffered by the community. The recall period taken was of 3 months.

No. of people sick during these three months were 121. The morbidity would be approximately 0.8% at any given time.

From the list it is quite clear that people mostly suffer from common illnesses which can be treated at village level and by their own health functionaries. These diseases don't require highly qualified persons or elaborate facilities.

The villagers feel the pollution caused by Steel Industry is largely responsible for respiratory disorders. The village does not have a proper drainage system and water is seen stagnating at many places. Malaria is caused by this water clogging.

Mortality

During our interaction with the community the major causes of mortality reported were :

1. Accidents
2. Cirrhosis of liver
3. Old age

No infant mortality was reported

In the year 2000, a total of 32 deaths were reported, out of which 11 were pre-matured deaths.

Sr. No.	Age	Sex	Month of death	Reason
1.	45	Male	January	Cirrhosis
2.	24	Male	February	Not known
3.	23	Male	March	Accident
4.	50	Female	March	Not known
5.	32	Male	April	Cirrhosis
6.	23	Female	May	Delivery
7.	32	Male	June	Not known
8.	28	Female	June	Injury
9.	22	Male	July	Accident
10.	28	Male	July	Accident
11.	35	Female	November	Suicide

Source : 1. Talathi, Hazira
2. Deaths above the age of 60 not mentioned.

From the list it is clear that the above deaths can be prevented if appropriate intervention strategies are implemented.

Chapter 8

Women's Health

The major factor which affects the health of women is the amount of physical work they do. Their daily routine leaves very little time to take care of their health.

Nutrition

The agricultural yield in this particular area is very low, as people have no land left and those who have land, complain that pollution has reduced their yield. The community depends on Surat for vegetables and fruits. The purchasing capacity of people is low, most of the houses are in debt. According to the survey done by CSS (*Centre for Social Studies, University of Gujarat*) Akash Acharya, *Women's Participation in Income Generation in Hazira Area, November 2000* p.28 59% houses are in debt. Women often eat after the whole family finishes eating thus their level of nutrition is even lower.

Physical Stress

Women take up the triple burden of the load i.e. look after the household, are engaged

The most common disease reported by women is bodyache and neck pain which is the result of the kind of work they do eg. weeding, fodder collection, firewood collection, water collection etc. The other problems stated were *Hypertension, Acidity, Gas, Cough, Cold, Vomitting, Loose motions, Backache, Arthritis and Cancer.*

During Focus Group Discussion women were asked what are the women's common health problems?

They were not ready to answer, so the question had to be rephrased and then they came up with *common cold, cough, fever, headache, gastro, blood pressure (high and low), acidity.*

The question was asked again they listed *backache, kneeache, vat, abdominal pain.* We asked the reason for abdominal pain and they said,

- ☛ Abdominal pain during periods,
- ☛ backache during periods,
- ☛ excessive bleeding
- ☛ abscess on genital parts,
- ☛ hysterectomy

When asked do they suffer from leucorrhoea all of them said no. When they were told that

discharge is normal, but when the quantity increases, it is a problem, then *they agreed that women suffer from leucorrhoea. We asked about its abnormality and they said, it is a problem which they have to use pads for white discharge.* They don't discuss these problems with each other, they tell them to their husbands and go to Surat for help.

One of the women had hysterectomy and she feels that due to this, headache, body aches and abdominal pain is there. They also reported that due to tubectomy there is abdominal pain because they start working and lifting heavy weight within a month.

And when probed about prolapsed uterus ?

They said yes, maybe one in 25. Due to wrong delivery practices.

About the reasons for these illnesses, they could not relate the specific reasons but broadly they could say that women's diseases are because of work, stress/tension and food.

Delivery was also considered as one of the major problems, because they have to travel all the way to Surat for delivery. Only in emergency, can they use Essar hospital, where they are charged. Surat is around 50 kms. from Hazira and the role of the ANM is nil. The previous ANM used to go to the household and people utilized her services.

Mental Health

- **Financial problems :** The women are under stress because in most of the houses they have to contribute in a major way to running the household.
- **Domestic Violence :** When asked about their major problems, they replied alcoholic men. 95% of the men are alcoholic and 70% of them beat their wives. One of them said that alcoholism is because of the inavailability of jobs which creates stress and they beat their wives. This also causes depression in women.
- **Water problem :** The scarcity of water and irregular supply of water also contributes to mental stress.

During our focus group discussion one of the women stated reasons for stress :

There is no water, water comes in the middle of night, so water tension is a big tension

When men drink and come, they fight and beat that also causes tension

When women are stressed women said they suffer from palpitation, Fever, Headache, and Sleeplessness

Women were found more enthusiastic to learn new skills and techniques to develop themselves and are interested in training for health care.

Chapter 9

Adolescent

Girls

There were two focus group discussions were held to identify the problems of adolescent girls.

- The major problem is eve-teasing that is why girls are reluctant to go to school. They wanted a separate school for girls till +2 level.

How do the boys tease them ? (Source : FGD)

They said they sing songs, whistle and go near them driving their vehicles very fast. 4-5 of them didn't want to study further, rest all of them wanted to go to Surat and study.

When boys were asked do they tease girls ?

They said, the unemployed youth tease girls. There is no eve teasing in the schools but on the way to school.

When asked, should there be a separate school for girls ? Only one of them said no. Others agreed. However, they feel that this problem of eve teasing will decrease only if these unemployed youth will get employment.

When it was pointed out to the boys during the FGD at school (Jagruti Vidyalaya), that girls don't study because of eve teasing in the village, they agreed and that is why parents get their girls married early.

● Work

When asked about the work they do ? Most of the girls start household work at the age of 10 and they share a major responsibility in the house.

When asked do your brothers share the household work with you. They said no, and they didn't wanted their brothers to work.

When asked during FGD whether they feel bad when their sisters work so much, all of them said yes, however they are not ready to share the work.

● Education

Girls usually pursue their studies till 7th standard. The major reason for the dropout is eve-teasing and household work. As soon as they attain puberty they become an object of eve-teasing and since the women cannot manage the household alone, the girls have to help them. Hence the education gets disrupted.

● Marriage

The girls get married at the age of 15 years due to eve-teasing.

Marriage is strictly endogamous even if the boys don't work they alcoholic, girls prefer to get married in Hazira otherwise there is a social stigma on the character of the girl. Girls usually get engaged at is with the Days of Hazira which is the moral case, the girl has to work in the boy's house from morning till evening and they come back to their parental house to sleep, while the other provisions are made by the girls' parents. And some unwanted pregnancies, were reported during this period of engagement. On the contrary, 3 cases were reported of girls of class X where there girls had started staying in the boy's place without getting married and that is why parents get their daughters married fast and take them away from school.

Castewise Population

The caste-wise distribution in terms of percentage in Hazira is upper caste 0.5 %, OBCs 95 %, SCs 9.5 %, STs 0 % (Source : Centre for Social Studies, University of Gujarat, Akash Acharya, *Women's Participation in Income Generation in Hazira Area*, November 2000 p.23)

Outsiders

Outsiders are basically the labourers working in the industries coming from various states of India, like Rajasthan, Maharashtra, U.P., Bihar, Punjab, Kerala etc. These outsiders in number around 5,000 are added on the existing infrastructure of the village. Thus the sanitation, water problems have become acute. Incidences of theft, alcohol, communicable diseases have increased. However, they are contributing to the village economy as sources of income through rental accommodation and creating need for shops to meet their daily requirements.

Economic Status of Villagers

Most of the households are in debt. However one interesting thing to note is that there is no money lender found in the village and there is no interest charged on the money borrowed. The palatial houses and their lifestyle do not depict the true picture of the economic condition. According to the survey done by CSS, 59% households in Hazira are in debt. (Centre for Social Studies, University of Gujarat, Akash Acharya, *Women's Participation in Income Generation in*

During Focus Group Discussions (FGD) conducted by FRCH, community members have been complaining of debts and lack of continuous income source. But the talathi says that according to the government survey 17% households are below the poverty line. The traditional classification of economic status needs to be changed according to the context as in a place like Hazira.

Chapter 4

Hazira in today's context

The previous picture

Traditionally, the occupation of the people of Hazira was agriculture, fishing and working in shipping companies. The population comprises basically of two main communities - Koli Patels and Khalasis. According to the information provided the climate was so favourable that the area was something of a tourist spot. The three sanitoriums - Batliwala sanitorium, Asirvedic sanitorium and Parsi sanitorium are evidence of this fact. The common property resources, like land and water were utilized extensively by the villagers as sources of livelihood. People used to get fodder for the cattle and firewood from nearby jungles. Fishing was a major income generation activity due to the easy access to the sea. The water in the wells was drinkable and it was considered to be good for health. Vegetables and fruits were grown and sold in Surat.

Within a span of 12 years, a number of industries have come up in the area, KRIBHCO (1980), Reliance (1992), Essar (1989), L & T (1985), G.S.P.L, G.S.P.C. (1994), ONGC NTPC. This rapid industrialization has affected the social and economic status of the community to a great extent.

Impact of Industrialization

The village has well made, airy, pucca houses. Houses with thatched roofs are few in number

According to the villagers, the condition of primary education is very poor in the village. The schools opened by the companies either do not admit the children of the villagers or are too expensive for them. The results of class Xth since 1995 are as follows :

Year	Passing Percentage
1995	20%,
1996	13%,
1997	30%,
1998	47%,
1999	36%.

(Source : School Principal, Hazira)

On the contrary the passing percentage in Surat district is approximately 60% Hazira, though it is very much a part of Surat district, shows a different picture.

Scholarships are given by Essar to students who score more than 60% marks in Xth standard. However, achieving this target is a rare case in the present state of educational facilities. Only one or two students have been able to get these scholarships.

Thus the inputs required are to improve educational standard at primary and secondary level which will help them to access further studies including I.T.I.

In an agrarian society children continue the traditional occupation which is learnt as a process of socialisation. However, in an industrialised society special labour skills are required which need a formal education system. While traditional occupation of Hazira have undergone a drastic change, the education system is not able to meet the needs of this changing society.

* Pollution

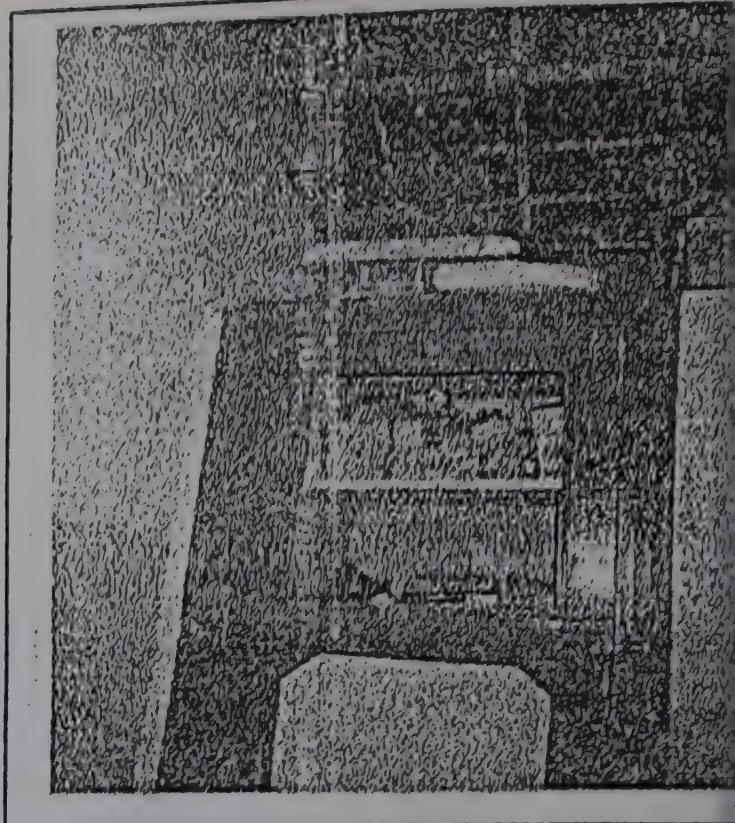
Pollution comes hand in hand with industries and Hazira is no exception. The natural resources have been affected by pollution, causing a lot of problems to the people living in that area. The smoke which comes out of the **Steel Industry** pollutes the air and a foul smell comes into the air, especially in the evenings. The water level has depleted and since the sea water has seeped in, the taste of water has changed and is also causing health problems. The fertility of land has decreased as the waste products of **Steel Industry** are being dumped into the nearby fields, reducing the crop yield.

The waste dumped by one of the industries in the sea is also reducing the number of fish coming to the sea coast. People also complained that a foul smell comes from the fish. The course of Tapi river has also changed since the advent of industries. The flora has reduced to trees of Babul and thorny bushes only.

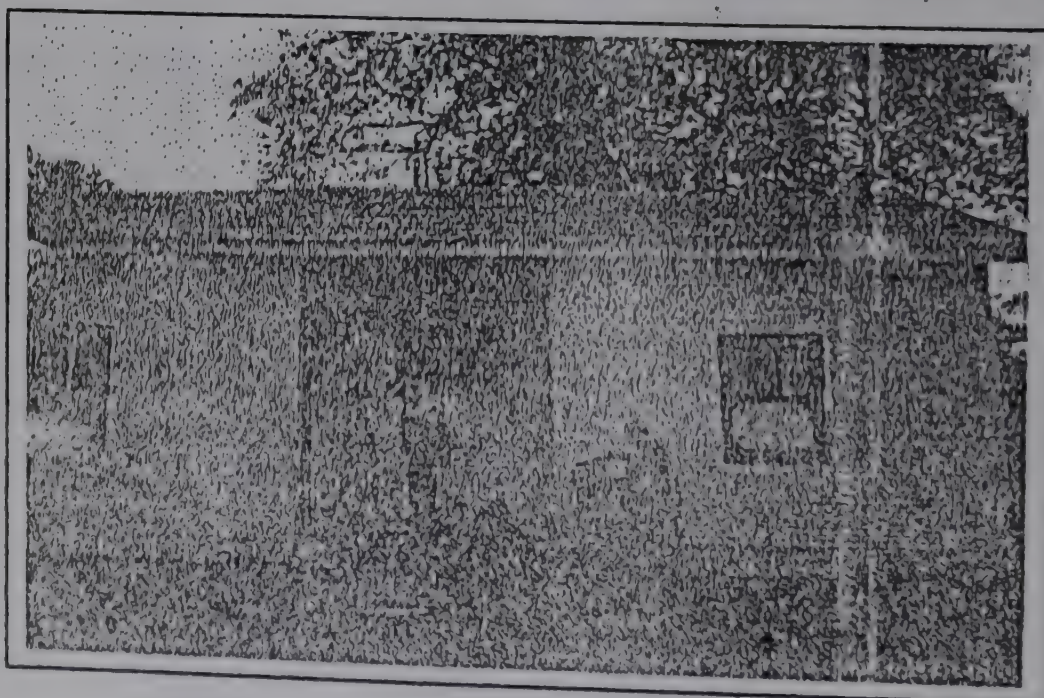
February but she doesn't have any idea about the population in the area.

Condition of subcentre

The renovation has been done by Shell in the same manner as it was done by Reliance in Mora.



And the equipment provided (urinal, bed pan and saline) did not prove the idea that they providing curative services, as she had denied of any curative services. There was dust on table and the office where she is supposed to work. Though she said that when she comes in the night after attending her training, there are 8-10 patients waiting for her.



Chapter 12

Health Expenditure

The morbidity rate is around 1%. If services at Hazira are utilized then per episode cost is Rs. 20-40 depending upon the practioners.

Treatment Cost - Per Episode	
Health Practitioner	Cost in Rs.
1.A.N.M.	Nil
2.Dr.Keshubhai Patel	2.00
3.Dr Dhansukhbhai Patel	20 to 40.00
4.Vipulbhai Patel	20 to 40.00
5.Kishorebhai Patel	*10.00
*for injection, Rs.10 more	

Responses to Expenses for the Health Problems												
Expenditure According to Disease in Rs.												
	30-50	50-100	100-150	150-200	200-500	500-1000	1000-1500	1500-2000	2000-2500	2500-5000	5000 to 10000	10,000 & above
1.Fever	2	3	1			2	3		1	1	2	3
2.Cough						1				1		1
3.Cold					2					1		
4.Iritation of eye	1					1						
5.Malaria												
6.Typhoid	1			1	1			1				
7.Diarrhoea			1									
8.Arthrities												
9.Heart Attack												
10.Diabetes												
11.Blood pressure		1										
12.Gynaec problems												
13.Jaundice												
14.Aches & pains												
15.Accidents & Injuries												
16.Any other												

For the last three months the expenditure incurred was Rs. 67,240. This amounts to Rs. 42 per month per family. Thus the approximate total expenditure per family per year is around Rs. 500. This is one of the major reason for borrowing money.

It is clearly evident from the table that many of the diseases do not require services highly qualified doctor or high-tech medicine. The expenditure incurred is mainly due to utilization of specialized services.

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Recommendations

- Regular and appropriate water should be supplied.
- Alternative employment opportunities are required.
- Pollution level needs to be checked and corrective measures are needed.
- Community participation at all stages is needed.
- Village based health care system should be provided with supportive ambulance services.
- Alternatives should be sought for common property resources.
- A de-addiction centre is required.
- Primary school education needs to be strengthened.
- Savings and credit groups should be established.
- Sewage system could be improved.

Role of FRCH

- FRCH can provide training to co-ordinators and orientation training to village health functionaries.
- FRCH could provide guidance and support to health functionaries for a year through regular visits.

Preliminary Health Needs Assessment Survey of Hazira

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The Foundation for Research in Community Health
Pune/Mumbai

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to her ESSAR was established ten years ago. 500 acres of land was bought by ESSAR at the rate of 2 lakhs 90 thousand per acre. Mango and chikoo trees were purchased at the rate of Rs. 500/tree Acacia for Rs. 200/- per tree.

- She had raised issues like injustice towards landless laborers, they were not paid anything by Reliance, 200/- fishes have been reduced.
- The landless labourers are not getting any work in the agricultural fields and most of the women go to work in the houses of the employees of ESSAR. They have to spend Rs. 100/- to Rs. 100/- in travel only.
- ESSAR is not ready to employ labourers from Hazira. Only 12 people have been employed. People from outside states come and work as labourers.
- ESSAR provides drinking water to part of the community
- Reliance has mobile clinics for the villages.
- There is no effort taken to maintain the water drainage system.
- Because of the ships, soil erosion has occurred and most of the agricultural land has been wasted. There is no compensation for the land lost in this way.
- Alcohol production has increased in the houses. Due to the presence outsiders, the demand for alcohol has increased.
- Accidents have increased since industries have developed.
- According to her, a major chunk of the community has been neglected in the decision making. Only a few people were consulted.
- Grazing land is being purchased by SHELL and this in turn will affect the community.
- ESSAR gives scholarship to students who get a first division in tenth Standard but there are very few students at this level (so the inputs should be for primary school level).
- They get their daughters married at 18 and educate them till 10th standard.
- Her son was the first one to get a scholarship and get a job with ESSAR.
- SHELL has renovated the subcentre run by the government.
- Half of the people have settled in Surat, after getting the compensation.

Hansmukh Patel

Has worked in Reliance on contract basis for 2 1/2 years. The name of the contractor has changed time.

Chapter 2

Hazira : A Profile

Geographical Location

Hazira is located on the western coast which includes a part of the Arabian Sea. This place falls within Gujarat state and is around 35 kms from the city - Surat.

Plant life in the area is limited to thorny plants, Acacia (Babul), Ber (Beri). The soil is sandy. As seen in most coastal areas, it is extremely hot in the day



and the nights are cold. As one proceeds towards Hazira, one can see industries like KRIBHCO, Reliance, ESSAR, L&T, ONGC, GSPL (Gujarat State Petronet Ltd.) GSPC (Gujarat State Petroleum Corporation), NTPC (National Thermal Power Corporation).

The place is thus surrounded by a number of big industries and so it seems to be a reasonably well developed area.

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About FRCH

The Foundation was established in 1975 as a non-profit Voluntary organisation to promote a holistic approach to health care. This entails a socioeconomic perspective on health which seeks both to cure and to rejuvenate. We emphasise problems of underprivileged sections, especially women and children. We look at health within the larger development framework. Our interest lies in the inevitable co-relation between mental health and an environment which allow for physical, emotional and intellectual growth.

What are our aims ?

- * To collect, collate and analyse available data on the problems of health and illness of our people from the family and community to the national level, in both rural and urban areas.
- * To study the cost effectiveness of various models being used in India and other countries.
- * To evolve alternative models and methods wherever necessary, and pay special attention to social, educational, economic and other factors which are as important as medical technology, in the delivery of health care.

- * To undertake field experiments to test the feasibility of the new models and techniques.
- * To create awareness and educate people about the problems affecting their health, encourage self-help as well as proper utilization of available public and private medical services.
- * To influence governmental policy.
- * To create a people's health movement.

Chapter 1

The Present Study

FRCH was contacted by Shell India Pvt. Ltd. to conduct a study related to the health status of the people, at Hazira - their project area. Shell India has planned to develop an all weather port and Liquefied Natural Gas (LNG) import facility at Hazira.

The company claims to plan the development in such a manner that it is sensitive to the socio-economic, natural environment health and safety parameters in the region.

Considering the aims of Shell India and the nature of work FRCH is involved in, it was decided to conduct a study with the following objectives :

- * to assess the preliminary health needs of the community.
- * to assess health utilization practices.
- * to assess expenses incurred for common illnesses.
- * to suggest an alternative health care model.

* Sanitation

The water distribution system developed by the industries through water tanks and pipe lines have provided water but simultaneously there have been no proper arrangements made for the proper disposal of waste water. When a traditional system is changed people need to be informed of the management of the disposal system. The gutters are blocked due to thorny plants such as Babul, but people are not ready to remove them. The community responsibility needs to be realised in maintaining the infrastructure of the village.



Non profit Common Property Resources

The common property resources like land and water have been affected by industrialization considerably. Land acquisition by the industries has deprived the people of their source of firewood, fodder etc. Now community members have to walk almost an hour to get firewood and for fodder they have to spend money which they used to get free of charge earlier.

a suitable job for them.

The social picture shows that there have been changes in recent times. In Hazira people believed, that their daughter and liquor should never go outside the village. However, since outsiders have started staying in the village, girls have married out of the village.



Their dress patterns and attitudes show that their lifestyles have been influenced to a great extent due to the exposure they got in recent years.

In an effort to cope up with the new scenario, the youth have developed high aspirations. However it is difficult to work in the traditional work while they can't take up the new challenges posed by industrialization. The living style of the youth is very modern and very expensive which does not match with their current economic status.

*** Addictions**

Alcoholism

- Alcoholism is a major problem in Hazira, Mataphalia and Gundardiphalia. Gujarat being a dry state, alcohol is not freely available. However these villagers make liquor in their houses. Women are also involved in making and selling liquor. People have spent most of their money on liquor. They start drinking at a very early age of around 13-14 years.



and water women have to walk for
hour. Earlier the water in the wells
potable and safe for drinking. How
since Steel Industry used the soil
the sea coast for levelling the sea w

seeped into the wells and the water got contaminated. In some parts of the sea around Ha
the villagers are not allowed to fish due to safety reasons. And even, the shipping compan
which used to employ the men from village as sailors, have changed their policy and started emplo
trained people. The villagers are not able to meet the required educational standards and train
costs.

Socio-economic Profile

The social and economic life has also undergone considerable change on account
industrialization. New problems have cropped up since industries have developed in that area,s
as:

***Unemployment**

Occupations which were based on the available natural resources, have been lost. The econo



and mainly found in Gundardi Phalia and some places of Mataphalia. A sharp disparity is found in the way these houses are built. On one hand there are these big pucca houses which have come up since the advent of the industries and on the other hand there are these thatched houses.

Hazira (proper) has two schools, one is a nursery school, the other one is till Xth std. It also has branches of State Bank of India and Syndicate Bank. It has a sub-centre with an ANM.

As the industries started coming up land was bought from the villagers who were paid in lump sums. Steel industry had bought land in 1989, and for 1 acre of land a sum of Rs.2.90 lakhs was given. Thus the people lost one way of earning their livelihood:- agriculture, to these industries.

The other mode - fishing, has also been hampered, as industries like oil refineries, have a port in the sea and the oil, which is thrown in the sea water also reduced the number of fishes which

fishermen used to get earlier. Now the villagers from 10 villages have to go to an island to get fodder. They have to pay Rs. 135 for a bundle of fodder. For firewood



When boys were asked why these unemployed youth get married and why do the parents permit it ? They said unemployment causes stress which leads to alcoholism and if he gets married, wife will cause tension and he will stop drinking.

Mental Health Issues

After the girl gets engaged she goes to her in-laws house to help in the household chores. During this period the girl may also get pregnant. This early marriage leads to a lot of mental stress in adolescent girls.

Physical Health Issues

The main problem is pain during menstruation.

Information regarding menstruation

When they were asked were you informed about menstruation ?

They replied no, they weren't.

What was the information given to them on the first menses ?

They replied how to use pads, not to speak to boys, not to go near God.

More information is required about the menstrual cycle.

Menstrual Hygiene

Menstrual hygiene practices are quite good and was evident from the FGD. The extract from FGD is given below :

Were they told before about menstruation before it started by their mothers ?

They said that they were told not to go near god, eat hot things or go outside, but they were not told why it happens. They were also told how to use the cloth during periods.

For how many days they have their menses ?

They replied for 5-6 days.

When asked what do they use ?

They said, they use cloth.

Where do they wash these clothes ?

In the bathroom.

Where do they dry ?

In the Sun in the backyard of the house.

How do they keep the cloth ?

They keep it in a corner in a plastic bag.

Are these clothes exchanged between mother and sisters, or other females in the house ?

They said no.

After how many hours, do they change their cloth ?

After every 4-5 hours.

.What cloth do they use ?

They said, anything.

When do they discard these clothes ?

After 2-3 cycles.



Regarding adolescent girls information about menstrual health and marriage is required. Separate schools for girls is needed.

Boys

The major problems observed were addictions to alcohol, Gutkhas and the reasons stated for these addictions were stress developed due to unemployment.

Because of unemployment, boys suffer from stress and to reduce this stress they start consuming alcohol. That is why alcohol is a big problem in the village, as most of the boys are unemployed. Because of tension they fight in their family and sometimes suffer from anxiety and depression and don't eat food, can't sleep, face restlessness, sleeplessness. The whole value of the society has changed because it was an agricultural based community where rolling money was little but after selling land to Essar, they had seen huge amount of money for the first time in their life, that is why children are also used to an easy life. A ten year old gets Rs. 10/- per week and they spend it in eating Gutkha or gambling. Many of them from their teen age start eating 10-15 packets of Gutkha (All 20 of them were eating Gutkha) while one of them said, he eats 25 packets of Gutkha.

The young children who are of the age of around 12 to 13 years start eating Gutkha and consume alcohol as they see their elder brother and father doing the same. According to them, they like the taste and they consider it as a way of spending their time.



What kind of information you required ?

They wanted to know what could be done after Xth. As many of them will have to start working because of the economic condition. We gave them the address of NOS (National Open School).

What are the major community problems ?

Water, fodder, electricity, transportation, roads.

What are the problems due to outsiders in the community ?

They said basically these workers are ready to work even at Rs. 30/- per 12 hours which we can not do and that is why villagers don't get any job.

(Source : FGD)

Chapter 10

Community Problems

Health cannot be considered in isolation. Health and development go hand in hand. There are a lot of factors affecting the health status. The problems which are affecting the health as well as the development of the community as felt by the males were as follows :

1. Unemployment, 2. Water, 3. PHC, 4. Road, 5. Technical training, 6. Sanitation, 7. Education

When asked what information they require on these subjects :

Responses to Information required		
	no. of responses	% age
No information required	138	90.7
Income generation	6	4.0
Employment	3	2.0
Water	1	0.7
Sanitation	1	0.7
Education	1	0.7
Total	148	98.8
* No response from two people		

Solutions suggested

Employment, Roads, PHC, Remedial action for pollution from Companies, Non technical people should be trained and given jobs in the companies, Regular water supply, Education, Sanitation



Chapter 11

Utilization of Health Services

Available Health Services at village level

Health Practitioners					
Functionaries	Sector	Services provided			
1.A.N.M.	public	nil			
2.Dr. Keshubhai Patel	private	Diarrhoea			
3.Dr. Dhansukhbhai Patel	private	Diarrhoea, Fever, Acute Respiratory Tract Infection			
4.Vipulbhai Patel (compounder to Dr. Dhansukhbhai)	private	Diarrhoea, Fever, Acute Respiratory Tract Infection and deliveries			
5.Kishorebhai Patel	Private	Minor ailments			
6.Dai -3	Private	Deliveries			

Health Practices

- * Traditional dais are preferred for deliveries, especially in case of people with poor economic conditions and if it is the second or third delivery.
- * The compounder to the private practitioner and the Ayurvedic practitioner are consulted in case of minor illnesses.
- * The traditional practitioner is consulted more for cases of diarrhoea.

Problems of Public Health Services

Public Health Services	Travel costs in Rs.
1.Upto Mora village	20.00
2. Upto Suali village	40.00
3.Upto Surat city	100.00

- 99.9% people prefer to go to the Allopathic private practitioner available at Surat.
- The public sector health services are not utilized and the reasons given are:

- There is no doctor or hospital available round the clock to attend the health problems.
- Only minor ailments can be treated.
- To travel to Mora or Suali village transport costs are high and there is no assurance that doctor will be available.
- Even if doctor is available, they don't have faith in public health services.
- * The doctor is not a paediatrician.
- * The health centre is in Mora which is far from the village so they prefer going to Surat.
- * The services of the present ANM are not being utilized since she does not seem to be interested in her work. According to people they have no trust in her. However the services of the previous ANM were being utilized for deliveries and minor ailments.

Thus people prefer going to private clinics at Surat where services are round the clock available. The private health services are expensive. When asked what kind of a solution they see to their problem most of them felt doctor and hospitals are needed.

Responses to Solutions to health problems		
	no. of responses	% age
No solution	43	28.7
Doctor needed	51	34.0
Hospital needed	56	37.3

When specifically explained about the role of village health functionaries and when various experiences were shared with them, the responses of the villagers were as follows :

Responses to utilization of Village Health Functionaries		
	no. of responses	%
Yes	120	80.0
No	24	16.1
May be	6	4.0
Total	150	100

In the absence of proper public health services people prefer private practitioners which is exploitative and therefore there is a scope of village health functionary.

Case Study

Suman Ben Nagin Bhai Maysuria - DAI

She stays in Hazira.

She is around 50 years old. She got a training as midwife in Utrayan. She helps the women during deliveries. She helps in at least 1 delivery per month. In normal circumstances, people prefer to go to Surat for delivery of the child. However, if there is any emergency or if it is the second or the third child she conducts delivery. She examines the patient first and if there is any complication found, she sends them to Surat. She recalls that, earlier the number of cases was more, when Shevantiben was the ANM in the village. She had taken training with Shevantiben.

She calls the compounder and doctor in the village to give injection to the patient to increase pain. An injection of Ergomytrin is given to the patient. She has been working as a Dai for the past 5-6 years. She is willing to take training for improving her skills as a Dai.

Rewa Ben - DAI

Rewaben is staying in Mataphalia. She is 65 years old. She has been working as a dai for the past 8-10 years. She learnt it from her mother and Shewantiben, the previous ANM also taught her the skills of delivery. She says that every month she conducts 2-3 deliveries. Many people come to her, and in case of complications they go to Surat. She can perform the first delivery also. People give her Rs. 100/- to Rs. 200/-. They also give saree, coconut, Shreephal, food grains etc.

Keshav Bhai Patel

(Local medicine man)

Keshav Bhai Patel is a resident of Hazira. He was a teacher, and he has an experience of about 37 years in teaching. He gives medicine to the local people for almost all kinds of diseases. He uses Ayurvedic preparations to treat people. Everyday at least 4-5 people come to seek treatment from him.

Keshavbhai Patel recalls from his experience that earlier the ecological and social state Hazira was not in the form one can see it in today. According to him, people used to cultivate land and go fishing. There were large number of trees of Ber, Chikkoo and even mango. People used to count the number of trees and estimate the amount they could spend for their daughters' marriages. Vegetables were grown and sold in the market at Surat.

Alcoholism was much less in the village and people could work for about 16 hours. However, now for the past 8 years agriculture has stopped and around 2000 acres of land has been taken away from the village by the **Steel Industry**. People who got the money by selling their lands lacked proper planning and they finished all the money without making any fruitful use of it. Alcoholism has increased to a large extent in the village. People have become lazy. Their eating habits have changed. They do not eat Bajra any more. Due to the industries pollution is caused and it is harmful for the land, water and people's health. The caste of Papeli has changed as the minerals in the soil have been destroyed. Pollution is causing respiratory diseases.

He is doing research on various diseases including AIDS. He brings the medicinal herbs from Surat. He gives medicine for gynaecological problems, like menstrual problems while discharge etc. He feels that malaria and dysentery are very common in the village and most of the people complain of it. He feels that until and unless there is a check on pollution, these diseases can not be controlled.

ANM - S. N. Sheikh

Has been working in Hazira for the last 8 months. Was trained for Surat and had worked in the tribal areas for 5 years, before coming to Hazira. When asked about the difference between Hazira and the Tribal area, she was working in before, she could not answer. She likes Hazira because she feels in a tribal area people do not follow the programme. In Hazira people are more receptive. Her husband is working with Essar and she feels it is comfortable to stay in Hazira as there is a good transport network.

Her responsibilities according to her the one day clinic in which she looks after MCH, on other days she is supposed to go to the field/village. When she was asked to freelist disease, she listed STDS and RTI, and the question was directed to common diseases.

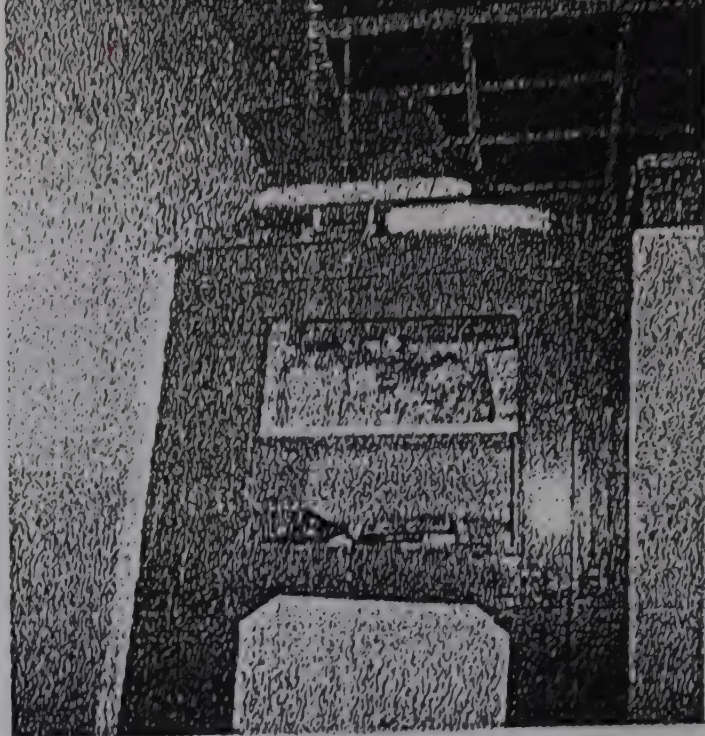
When asked about the no of households in Hazira she could not produce the data, even a map of the area was not available. According to her the subcentres are not supposed to provide curative services.

Perceptions of villages about the ANM - Even though the present ANM has been working for the past 8 months, people don't know her and have not seen her. They recalled the previous ANM Shewanti ben, who used to come to people's houses. The present ANM has been working since

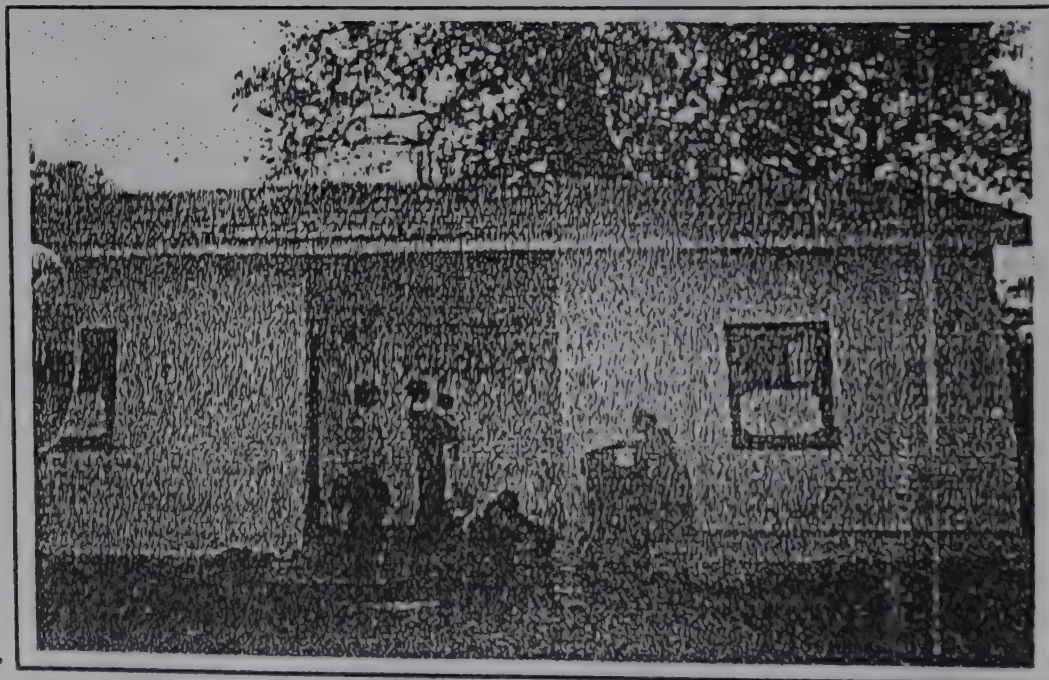
February but she doesn't have any idea about the population in the area.

Condition of subcentre

The renovation has been done by Shell in the same manner as it was done by Reliance in Mora.



And the equipment provided (urinal, bed pan and saline) did not prove the idea that they were providing curative services, as she had denied of any curative services. There was dust on the table and the office where she is supposed to work. Though she said that when she comes back in the night after attending her training, there are 8-10 patients waiting for her.



Health Expenditure

The morbidity rate is around 1%. If services at Hazira are utilized then per episode cost is Rs. 20-40 depending upon the practioners.

Treatment Cost - Per Episode	
Health Practitioner	Cost in Rs.
1.A.N.M.	Nil
2.Dr.Keshubhai Patel	2.00
3.Dr Dhansukhbhai Patel	20 to 40.00
4.Vipulbhai Patel	20 to 40.00
5.Kishorebhai Patel	*10.00
*for injection, Rs.10 more	

Responses to Expenses for the Health Problems

	Expenditure According to Disease in Rs.										5000 to 10000	10,000 & above
	30-50	50-100	100-150	150-200	200-500	500-1000	1000-1500	1500-2000	2000-2500	2500-5000		
1.Fever	2	3	1			2	3		1	1	2	3
2.Cough						1				1		1
3.Cold					2					1		
4.Irritation of eye	1					1						
5.Malaria												
6.Typhoid	1			1	1			1				
7.Diarrhoea			1									
8.Arthrities												
9.Heart Attack												
10.Diabetes												
11.Blood pressure		1										
12.Gynaec problems												
13.Jaundice												
14.Aches & pains												
15.Accidents & Injuries												
16.Any other												

For the last three months the expenditure incurred was Rs. 67,240. This amounts to Rs. 42 per month per family. Thus the approximate total expenditure per family per year is around Rs. 500. This is one of the major reason for borrowing money.

It is clearly evident from the table that many of the diseases do not require services of highly qualified doctor or high-tech medicine. The expenditure incurred is mainly due to utilization of specialized services.

Recommendations

- Regular and appropriate water should be supplied.
- Alternative employment opportunities are required.
- Pollution level needs to be checked and corrective measures are needed.
- Community participation at all stages is needed.
- Village based health care system should be provided with supportive ambulance services.
- Alternatives should be sought for common property resources.
- A de-addiction centre is required.
- Primary school education needs to be strengthened.
- Savings and credit groups should be established.
- Sewage system could be improved.

Role of FRCH

- FRCH can provide training to co-ordinators and orientation training to village health functionaries.
- FRCH could provide guidance and support to health functionaries for a year through regular visits.

Process Documentation

A three member team from FRCH visited Hazira with the objective of a preliminary need assessment regarding Health seeking behaviour Health Utilization and Health expenditure. Requirement of the community for their health needs were also looked into.

24th December 2000

From Shell, there was no help in selecting the community. The population of Hazira rang from 30,000 - 60,000 (According to the informant). It is divided into two hamlets, Mataphalejia and Guudrungapheliya. The team decided to speak to some of the community members, to decide the schedule (Questionnaires).

Key Informants/Interviewees

Kantibhai Patel

He is working in the police department and is one of the community leaders. He has been residents of Hazira for the last six generations. He has passed his eleventh standard and also has done ITI. According to him, the two main communities in Hazira are Koli Patels and Khaleres. Basically the establishment of ESSAR and Reliance had a negative impact on community.

- Agricultural land was purchased by ESSAR where 3 lakh rupees per acre were paid. This has created disputes among siblings, land holders were not assured any kind of job in ESSAR.
- Smoke from ESSAR has depleted the quality of whatever little land has been left so this village which used to produce vegetables, now has to buy vegetables. Hazira has a well which used to supply potable water to Hazira. This has now turned salty because layers of sand and soil have been removed by ESSAR.
- ESSAR has not provided the village with a hospital or school. Only 50% of the people have benefitted from ESSAR,
- The hospital services of Reliance and ESSAR are not available for the people of Hazira.
- He feels that the young generation is losing its values and adopting bad habits,
- He fears that they will have to leave Hazira in another 5 years and that half of the people will die of heart attack.

Ushaben Patel

Was a resident of the Mahila Mandal for three years, she has passed std 12. According

to her ESSAR was established ten years ago. 500 acres of land was bought by ESSAR at the rate of 2 lakhs 90 thousand per acre. Mango and chikoo trees were purchased at the rate of Rs. 500/tree Acacia for Rs. 200/- per tree.

- She had raised issues like injustice towards landless laborers, they were not paid anything by Reliance, 200/- fishes have been reduced.
- The landless labourers are not getting any work in the agricultural fields and most of the women go to work in the houses of the employees of ESSAR. They have to spend Rs. 100/- to Rs. 100/- in travel only.
- ESSAR is not ready to employ labourers from Hazira. Only 12 people have been employed. People from outside states come and work as labourers.
- ESSAR provides drinking water to part of the community
- Reliance has mobile clinics for the villages.
- There is no effort taken to maintain the water drainage system.
- Because of the ships, soil erosion has occurred and most of the agricultural land has been wasted. There is no compensation for the land lost in this way.
- Alcohol production has increased in the houses. Due to the presence outsiders, the demand for alcohol has increased.
- Accidents have increased since industries have developed.
- According to her, a major chunk of the community has been neglected in the decision making. Only a few people were consulted.
- Grazing land is being purchased by SHELL and this in turn will affect the community.
- ESSAR gives scholarship to students who get a first division in tenth Standard but there are very few students at this level (so the inputs should be for primary school level).
- They get their daughters married at 18 and educate them till 10th standard.
- Her son was the first one to get a scholarship and get a job with ESSAR.
- SHELL has renovated the subcentre run by the government.
- Half of the people have settled in Surat, after getting the compensation.

Hansmukh Patel

Has worked in Reliance on contract basis for 2 1/2 years. The name of the contractor has changed time.

There is a dairy in the village (Economically backward part of Hazira) people were either landless or had small land holdings. Yet they sustained themselves by fishing and selling vegetables. Robbery has been used due to outsiders.

Gundardi Phalia

Nagin Bhai Patel

He has the same views. When KRIBHCO bought the land they had assured job to the land holders.

Daya Bhai Ahir

He has to buy water. He bought the connection for Rs. 3000/-. Water costs him Rs. 15/- for 200 liters. There are only about 20 households of Ahirs.

- SHELL had mentioned in the meetings that they would not buy land.
- The land is owned by Government and the Mandal comprising the members of the village.
- Rs. one lakh seventy thousand is taken as the price of the land by the government. The Mandals will get 35,000 and the Government will take 85,000/- and the members will get from these 85,000/-.
- The community was not consulted and only a few rich people were involved in decision making.
- This doubt was also raised by Ushaben.

Labourers Working for ESSAR: (Very poor Community)

- They are selling the waste coming out of ESSAR
- They are feeling that the ESSAR was allowing to sell the waste which contained iron etc.

Our Impressions

- The community is quite rich. All of them have pucca house and spacious houses.
- No. of vehicles in each house, does not indicate sign of poverty- many people have two wheelers and some even have four wheelers.
- Roads are very bad.
- People were quite apprehensive to give information. They asked us to meet the sarpanch. He was not available.

There are three trusts in the village

- Parsi Trust/ Sanitorium
- Muslim Trust

According to them the people had used it as a holiday resort.

Three Communities: Koli Patel, Ahir, One Muslim family.

- | | | |
|------------|---|--------------------------------|
| 1980 | - | KRIBHCO (Fertilizer Industry) |
| 1985 | - | L&T (Fabrication Unit) |
| 1989- 1990 | - | ESSAR (Steel Industry) |

1990	-	NTPC
1992	-	Reliance (Oil and Natural Gas) ONGC

25th Dec. 2000

Ramesh bhai Kansara was supposed to contact us today. We called him but he said he would be able to meet us on Tuesday, at the Shell office.

We went to Hazira village to contact key personnel who may have information on the no. of houses, total population, caste, class and age stratification. However, the ANM was not available as she had gone for some training to Surat. The Sarpanch has been dismissed and when we tried to contact him, we found that even he was in Surat. The Talathi was on leave and would only be available on the 28th.

We went to the nearest PHC at Surat, but doctor was not there and the PHC was closed.

We contacted PDs (Public Distribution incharge) to give us the no. of households in the area and the population. He said that there are 810 families. Out of them 50% below the poverty line. But when we asked for the names of BPL (below poverty line) card holders, he was not willing to show us the ration cards. PDS incharge is one of the contact persons of Shell. (Madra bhai Patel). He is also the general secretary of the Mandli. Mandli is a cooperative formed by the landless people of the community who had approached the then Prime Minister Mr. Morarji Desai for buying government land in Hazira war the coast. This is a wasteland and was sold to Mandli at minimum rate of Rs. 7.50/- per acre. Mandli had acquired 392 acres of land in the process.

Mandli has sold 82 acres to Essar and 310 acres to Reliance @ 2.90 lakhs per acre. Half of the money out of the collected sum is paid to the govt. and the remaining half is divided equally between the Mandli and member. So if the sharing of land is between 3 to 4 people the amount of money received comes out to be very little.

Essar and Reliance have purchased the land and paid a fairly good amount of money. But members do feel regret.

Shell would like to buy this land now, for building a complex for their officers and workers.

Maushi bhai had asked Aanganwadi workers to help us, but she doesn't work in Hazira, her Aanganwadi is in Mataphatra. We were not sure whether Mataphatra is a part of the Shell development project. And she was not ready to come along, as she has a small child.

26.12.2000

We visited the Shell office at 10.00 o'clock and had a discussion with Rameshbhai, Girish and Shreyas. They gave us reports on the surveys conducted earlier.

A computerized household survey was given to us, which does not take into account the number of children and size of the family.

The survey conducted by the Centre for Social Studies, Gujarat University shows 400 households. According to the 1991 census, there are 1564 (p.7) households, According to a survey conducted by Shell there are 918 households. And the mean family size is 5.67 (according to Centre for Social Studies, G, Univ, p.25) This gives us a rough idea about the population but the impression of the people working in Shell and the people of Hazira is around 10,000. The reason they give is that the labourers and the workers working in the company have settled in Hazira. And they are not counted in the estimate. When it was specifically asked what the intentions of Shell, regarding Hazira are, Mr. Kansara replied that they were not be actually working in Hazira. He claimed that their project area was in the sea, 4 1/2 miles away from coast of Hazira where we will build a post, get liquified mitogen gas from Oman, they which would again in gaseous form be supplied through pipelines to local industries.

They require land to build a residential complex for their estimated 7,000 employees in the near future.

But seeing the resistance of the village/community they want FRCH to establish a rapport with the community.

Rameshbhai was not clear about the objectives with which FRCH had come, his emphasis was on income generation activity. Later it was clarified by Preeti Devi, in a telephonic conversation in the evening that FRCH would concentrate on health while Centre for Social Studies would concentrate on income generation activities. They helped us in locating the key people of the community but the staff decided, that the key members were not the actual representatives of the community and had been considered on account of their power and authority. Then, we had a focus group discussion with a small group of women to test the guidelines of focus group discussion and questionnaires. The team feels that three questions will have to be modified, i.e.

- what kind of information is required ?
- what solutions do you suggest for health problems ?
- what are the solutions for general community development ?

We will have to give solutions for these questions, which have turned out to be leading questions.

Alcoholism is not seen as a problem, when these women were individually interviewed while in focus group discussion it emerged as a major problem.

When they were asked to list down 5 illnesses, they could not go beyond three.

For women's/ gynaec problems, they were actually asked, they did not come out with the gynaec problem.

There is a co-ed school, and people are reluctant to send their daughter to school after 8th or 9th standard, due to eve teasing.

The community is strictly endogamous, with respect to the village, marrying outside the village means there is something wrong with the girl.

In spite of unemployment and alcoholism to a great extent, the definitely want to get their daughters' married in the village itself.

Youth club was consulted for the meeting and which was arranged by Mr. Chandrakant Khalasi.
For tomorrow

- meeting with the women of Newstreet
- speaking to private practitioners
- Selecting and discussing with the OBC group
- Roughly estimating the population of Hazira

In the evening, the team visited shell office and interviewed two master trainers.

27.12.2000

Meeting with Talathi

Talathi is Mr. Chaganbhai N. Patel. He has been working in Hazira for the last three years. There is no definite record of how many houses there are in Hazira (proper). Gundardi and Makaphalia. This had to be calculated with the help of the community. In Gundardiphalia, there are 300 houses, Mataphalia 303, Hazira (proper) 963, i.e. total 1566. Out of these 1566, 130 are below poverty line (9.3%)

Gundardi phalia

It is a hamlet of Hazira where houses are scattered and are in the fields. Each householder has roughly 1/2 to 1 acre of land which is non-fertile and the basic occupation is the rearing of cattle for milk. The water problem is severe and water posts are scattered. Women have to fill water not only for the household but for the cattle also. It takes about 1-2 hours to fill water and two women are engaged in this activity. Roads are in bad condition. Due to the sand, it is difficult to walk. Fodder for the cattle comes from the land which Shell plans to buy during monsoons which they can store. Other than this, they have to get fodder from an island on which 6 villages depend. Sometimes it is difficult to get enough fodder. To get that fodder from the island to the main land, they have to pay Rs. 15/- per bundle. This community will be severely affected if this land is purchased by Shell without making alternative arrangements for fodder. Their source of income is milk. In some parts of Gundardi phalia, water is sold for Rs. 100 for 1000 litres.

Children and women looked malnourished.

We met one of the private practitioners at Hazira, who has been working in this area for the last twenty years. When asked to free list the commonly occurring diseases he could not go beyond three. When asked what changes he has seen in morbidity pattern, since Essar has come, he said malaria and gastro. When we probed, about the eye problems due to the pollution caused by Essar, he said irritation of eyes and bronchitis are also seen. He works six days a week from 3.30 to 6.30 pm. Three patients had come to see the doctor at that time and all three were given some kind of injection. We had visited the subcentre which has been built by Reliance at Mora, but the doctor was not there. However, the subcentre had files from floor to ceiling and was furnished with a sofa etc. However, we met one health worker A. B. Chauhan who has been staying at Damka since last 17 years and working as a health worker. He could not list five diseases which commonly occur. After we persisted he could mention, flu, malaria, gaundice and gastro.

He is working in Damka and Waswa.

Work plan for tomorrow

To finish the schedule of Gandardi, Mataphalia and Harpatti.
Discussion with PHC, ANM and Doctor

Focus Group Discussion with women and adolescent girl at New Street.

28.12.2000

ANM - S. N. Sheikh

Has been working in Hazira for the last 8 months. Was trained for Surat and had worked in the tribal areas for 5 years, before coming to Hazira. When asked about the difference between Hazira and the Tribal area, she was working in before, she could not answer. She likes Hazira because she feels in a tribal area people do not follow the programme. In Hazira people are more receptive. Her husband is working with Essar and she feels it is comfortable to stay in Hazira as there is a good transport network.

Her responsibilities according to her are the one day clinic in which she looks after MCH. On other days she is supposed to go to the field/village. When she was asked to freelist diseases she listed STDS and RTI, while the question was directed to common diseases.

When asked about the no of households in Hazira she could not produce the data, even a map of the area was not available. According to her, the subcentres are not supposed to provide curative services.

Perceptions of villagers about the ANM - Even though the present ANM has been working for the past 8 months, people don't know her and have not seen her. They recalled the previous ANM Shewanti ben, who used to come to people's houses. The present ANM has been working since February but she doesn't have any idea about the population in the area.

Condition of subcentre - The renovation has been done by Shell in the same manner as it was done by Reliance in Mora. And the equipment provided (urinal, bed pan and saline) did not prove the idea that they were providing curative services, as she had denied of any curative services. There was dust on the table and the office where she is supposed to work. Though she said that when she comes back in the night after attending her training, there are 8-10 patients waiting for her.

Facts from Gundardifalia

From the co-operative (mandli) land people bring i.e. wood for their daily use. This is the land which Shell wants to buy. In case this land is bought women will have to walk 1 1/2 hr. more to collect i.e. wood. At this point they are spending 2-3 hrs to collect water.

Mataphalia

Mixed kind of houses can be seen, some of them are very lavishly built and few of them are like huts. Though the houses are lavish people are not in an economically sound position. This is because houses were built either when they sold their lands to Essar or after some of them had worked on the ships. Some houses have been built by their fathers and fore fathers. Many of them have taken loans. Due to Essar and Reliance, people from states other than Gujarat are staying in Mataphalia.

It seems that robbery cases have increased since then. On 26th Dec. three houses were robbed. People also feel that because of outsiders prices of grocery items have gone up.

Pollution

Due to Essar people of Mataphalia are severely affected; their lands have become infertile. So the agricultural yield is very low. Cattle rearing is not a major activity as in Gandardiphalia, because houses are not that scattered, so there is not enough space to keep cattle. Due to air pollution, Bronchitis and irritation of eye are reported.

The waste products thrown by Essar in the area near the village are being taken away by the villagers that iron etc.), as some of can be sold. People are grateful to Essar that it allows them to make use of the waste products in this way.

One man died in an accident, when the waste product was very hot and he was trying to find something useful in the leap.

Most of the land taken by Essar belongs to the people of Malaphalia.

Water problems exist in Mataphalia.

New Street : The largest street in Hazira with around 150-175 households. A 10% sample has been taken and a focus group discussion with the women and adolescent girls has been conducted to gather information.

Harpatti : This part of Hazira is closest to the Sea and consists of around 51 households. A 10% sample has been taken. This part of Hazira consists of the fishing Community Because of NICO, in a certain part of the sea, they are not allowed to fish. Shell starts its project then this community will be displaced, as the means of earning livelihood will be taken away. This part of Hazira is very poor.

Patel Street (Mohollo)

Another by part of Hazira is Patel Street which consists of Patel Street (proper). 70-80 houses. Gandhi street 25, Asha street 15, Mogha street 15, Tanki Street 7-8, Ghantree Sheet 10-12, Bhawai Street ?, Holi Street, Moga Street 5-6. There are at least 15 houses which predominantly survive on fishing (Patel Mohollo). Most of them fish in the sea, as the Tapi river is deep and requires a boat for fishing which none of them possess. NICO has already defined the boundaries where they can't fish. With Shell coming in people from this area will not be able to earn their livelihood.

People have a perception that the in water roads built by NICO and Shell will be doing the same well change the current which will affect fish population. Fishing community depends on the tide. They have to work at odd hours, and they said after working for eight hours they are not able to collect fish worth even Rs. 100/-

We asked them, how it is that their houses are so big since it does not seem logical then that you don't have money. This has been in the family for generations. Historically, this population has worked with shipping lines. The basic house structure has been built 2-3 generations back. Now, most of them work at Nandniketan (Essar Colony) as maid servants.

Even though Essar provides water. It is supplied in the evening, the pipeline is in Mataphalia utilize it. (This was told to us). However, we had seen that in Yalaphalia also tankers were providing water. So, there is a dispute between Mataphalia, Essar and Hazira.

30.12.2001

Neelam mohollo/nagar : People were very un-co-operative because they were very apprehensive that their land will be taken by Gujarat State Petronet Limited. Many of them said, that they didn't want to speak to anyone. The focus group was cancelled because they were not interested in speaking. Neelam nagar consists of about 20-25 houses.

We went to the post office to check actually how many people from outside stay there. The postman also said like the ANM that there are around 900 houses. However, 100-150 households belong to outsiders. The strategy now is to even speak to the outsiders and to get their feedback on health problems.

	Total houses	Houses covered
Main Street	10 +	2
Neelam Nagar	40	3
Patrawadi	1	1
Ashwangi	8	2
Lakdawala Street	40	3
Or Lighthouse Street		
Temple Street	40	3
Patel Street	150	15
Mogha Street	25	1
Moto Mohollo	25	2
Gandhi Street	30	2
Asha Street	80	7
Tanki Street	20	2
Talab Street	9	1
New Street	250	28
Holi Street	100	11
Har Patti	403	5

Case Study - 1

Holi Street

Name : Rasik Bhai Patel (9th Pass)

His father had sold 2 acres of land to Essar. He was paid around 5 lakhs. They built a big house costing them approximately 3 lakhs, and now he doesn't work. His wife has to work in Nandniketan as housemaid. His mother also works as a labourer. When asked, what happened to the rest of the money, he said that they received it ten years back. Now they don't have the money. When asked, why the money was not kept in the bank, he said they didn't know that money should be invested.

Case study - 2

Bhawai Street

Sheetal Bhai Patel : (Xth Pass)

His father used to work in ST. They are two brothers, one is handicapped. So, he is not married. The younger son who is married has a three years old son sold 2 acres of land to Essar and received 5 lakhs, 80 thousand after giving commission to the agent. They built one new house in Bhawai Street and one house was renovated. They spent around 3 lakhs, 50 thousand on it. They have money in the bank but as they have no jobs, they spend whatever they earn as interest which comes to around three thousand. That is why sometimes they cannot access health services. He feels that if he had kept some agricultural land, he would have got money plus food for the family. He feels he has been cheated. One of the things which he said, was that many of them have spent the money on alcohol. So paying lump sum money is wrong which leads to bad habits. The same thing happened to his brother.

Both these families were engaged in agriculture.

The reason which was given for the dismissal of sarpanch was that he stopped the commission business for land holdings. So, he was dismissed due to political pressure.

They sell firewood to outsiders, which also is a source of income which will be scratched if Shell puts a plant there as the forests will have to be cut down.

Sanitation : Everyone has toilets. For the others the defecating land is quite far away from the village, so there is no problem. However the gutters get blocked and this leads to unhygienic conditions and mosquito breeding. Villagers have been complaining about suffering from malaria often there is no water logging on the roads, but near the posts there is lot of water-logging.

Firewood : Though the Gujarat Gas pipelines are close by, villagers don't have an outlet. They have to go to Surat to get their gas refilled. This costs them around Rs. 350/- because of transport problem. That is why they use gas sparingly - only for heating milk and making tea. To cook and heat water firewood is used. However, chulhas, are outside the house and do not lead to pollution in the house. They can be one of the cause of eye irritation.

Economic activity : Those outsiders who have settled are mostly labourers. They also buy firewood from the village women providing a little economic support to women.

The fauna in the area shows, variety is limited (all Babul Acacia), that people don't have

traditional herbal healing practices. If it has to be introduced, special herbal gardens will be ne
to be made.

31.12.2000

Surendrabhai did not arrange the men's meeting as he was supposed to attend a mee
in the temple. They were trying to settle the dispute about the library.

Chandrakant bhai has agreed to arranged Men's meeting on Wednesday.

1.1.2001

Doctor (PHC) Suali : She has been there for the past 1 year. There is no IMR. She said diarrh
malaria and fever cases could be collected from health vision on Thursday.

Asthma is quite common because of pollution. She feels that health problems of the labou
living in Hazira ar not solved. As far as Ilazir is concerned there are not many problems

FGD Questions

- * Perception of health and illness
- * Health Utilization
- * Factors affecting health
- * Gender and Health
- * Mental Health
- * Suggestions for improvement of health status

Perception of health and illness

- * What is your perception of health ?
- * What is your definition of a healthy person, i.e. what indicators are required in a hea
person ?
- * Why do people fall sick ?
- * What factors do you consider important for health ?

Health Utilization

- * What kind of health facilities are available in the village ?
- * What is the expenditure on health related activities?
- * What kind of health problems are common in the village ?
- * What is their experience in PHC/Pvt hospitals ?
- * How do they percieve an ANM ?
- * What should be the distance/location of health providers?

What are the major factors affecting the health status ?

Gender and Health

- * Is there a difference in perception of diseases of males and females ?
- * What are the common diseases found in males/females ?
- * Is there a difference in the causes owing to their sex ?
- * Are there any sexually related diseases found in the village ?
- * Where do the women go for gynaccological problems ?
- * What kind of health practitioners do the women prefer ?
- * What role does the ANM play in case of health problems faced by women ?
- * What solutions do the women suggest for their health problems ?

Mental Health

- * Are there any psychological problems experienced in the community ?
- * What factors are leading to mental stress ?
- * Is there a difference in the psychological framework of men and women ?
- * What are the psychological problem of adolescents males as well as females ?
- * Does mental stress lead to bad habits ?
- * Are people aware of mental illnesses ?

What solutions do the men and women of the community suggest (with respect to their specific problems) for the improvement of health status ?

Focus Group Discussion

(Women and Adolescent Girls of New Street)

2p.m. to 3.30 p.m.

Common diseases of women

They were not ready to answer, so the question had to be rephrased and then they came up with common cold, cough, fever, headache, gastro, blood pressure (high and low), acidity.

When ,the question was asked again what are the common diseases of women, they listed backache, kneeache, vat, abdominal pain when asked what is the reason of abdominal pain and they said,

- during periods,
- backache during periods,
- excessive bleeding
- abscess on genital parts,
- hysterectomy

When asked do they suffer from leucorrhoea all of them said, no. When they were told that white discharge is normal, but when the quantity increases, it is a problem, then they agreed that women suffer from leucorrhoea. We asked about its abnormality they said, it is a problem when they have to use pads for white discharge. They don't discuss these problems with each other, they tell them to their husbands and go to Surat for help.

Delivery was also considered, one of the major problems, because they have to travel all the way to Surat for delivery. Only in emergency, can they use Essar hospital, where they are

charged. Surat is around 50 kms. from Hazira and the role of the ANM was nil. The previous ANM used to go to the household and people utilized her services.

What solutions do they suggest ?

- They said three doctors round the clock should be present. Doctor for gents, female doctor ladies and pediatrician for children.
- They prefer only allopathic health practitioners no traditional healers or dais are available in the village. So women are not used to taking any herbal medicine, and there is no herbal medicine available either. Homeopathy is not at all known. They feel Ayurvedic treatment takes time, allopathy is better.
- When asked, what kind of health providers are required, they said ladies, who will not charge much, haven't to visit villagers, and should not charge very poor women.
- About the reasons for these illnesses, they could not relate specific reasons but a broad term they said that women's diseases are because of work, stress/tension and food.
- When asked about their major problems, they replied alcoholic men. 95% of the men are alcoholic and 70% of them beat their wives. One of them said that alcoholism is because of the unavailability of jobs which creates stress and they beat their wives.
- When asked if alcoholism was present before, they said previously only older men used to drink but now young boys of about 13 years have started drinking and to hide this they eat gutkhas.
- Most of the women, either work in the field or look after cattle or go to Manhiketan to do household work for Essar employees. Some of them go for fishing. When asked, why the women have to work, since their houses are big and lavish, they said these houses are the ones where land has been sold. The people who did not have land, have small houses. They said that this is a superficial picture; actually there is no money in the houses.

Women's work

They usually get up around 4 O'clock or 5 O'clock, do household work, collect water for 2-3 hours depending on the water pot, do their income generation activity, collect firewood which again is a 2 hour activity, and then cook evening meals. So they work around 18 hours on an average. And due to this work load, they don't send girls to school, they are needed to help in household chores. There were two women who used to go for fishing. They said that due to chemicals in the water, the no. of fishes they get has decreased and she said that fishes smell like petrol. In a month they earn around Rs. 300/- to Rs. 500/- but they get to eat fish daily.

One of the women said that Khalasis will have a length time because NICO is not allowing them to fish in sea. And if Shell also imposes such a disciplinary action, what these Khalasis will earn ?

* Many of the houses have their own distilleries when asked boys if they can show us some distillery, they said, they didn't want to get into any fights.

- When asked about the expenditure on health, they said private doctors are quite expensive. We shared our experiences and told them, that women can be trained to provide health services where changes can be kept low, Travel costs can be minimized, we asked if they would be willing to take medicine from these trained women. They said yes. When asked who was interested in getting training, 9 of them replied that they are ready if the timings were according to their schedule.

- Example of Chipko movement was given to explain the power of women. They said, it was not possible here.

Impression of the Team

Team had asked them to collect 15 women, but 29 came and the group was a little big to handle. But it was difficult to say no. Only the young group was interested while the older women seemed to have no interest in the discussion.

Questionnaires, names of the women and the settling arrangement is attached.

Adolescent Girls - 3.30 p.m. - 4.30 p.m.

Six girls were present. These questions were asked -

- What are the major problems that these adolescent girls face?

Eve teasing - This is the main problem - that is why girls are reluctant to go to school. They wanted a separate school for girls till +2 level.

- Facility for girls in the school. There is no closed bathroom, the girls can't use the toilets facilities, as toilets are open.

- What are the main health problems ?
pain during menstruation.

- When they were asked were you informed about menstruation ?
They replied no, they weren't.

- What was the information given to them on the first menses ?
They replied how to use pads, not to speak to boys, not to go near God.

Two girls were already engaged at the age of 15.

- When asked what kind of information they have on marriage ?

- They said to follow the customs and look after the in-laws.

- When asked about the work they do ? Most of the girls start household work at the age of 10 and they share a major responsibility in the house.

- When asked do your brothers share the household work with you. They said no, and they didn't want their brothers to work. One of the girl was quite opposed to the idea of marriage, she wanted to keep her family as it is now.

Marriage is strictly endogamous even if the boys don't work and are alcoholic, the girls prefer to get married in Hazira otherwise there is a social stigma on the character of the girls. Girls usually get engaged at is with the Days of Hazira which is the moral case, the girl has to work in the boy's house from morning till evening and they come back to their parental house they come to sleep, while the other provisions are made by the girls' parents. And some unwanted pregnancies, were reported during this period of engagement. On the contrary, 3 cases were reported of girls of class X where there girls had started staying in the boy's place without getting married and that is why parents get their daughters married fast and take them away from school.

Focus Group Discussion

Adolescent Girls and Boys of JAGRUTI Vidyalaya on 29.12.2000 from 12.30 - 2.30 p.m. Ishwar Bhai Patel, B.A. B.Ed. has been the principal of the school since January 1995. According to him the major problem of the villagers is education and alcoholism. S.S.C. percentage from 1995 are as follows :

1995	-	20%,
1996	-	13%,
1997	-	30%,
1998	-	47%,
1999	-	36%

Current batch of Xth std. is of 45 students. 20 girls and 25 boys.

There were a total of 49 students present from class IX and class X.

27 children were from X std.

22 children from IX std.

Focus group questions were :

After introducing FRCH they were asked what are the major health problems at this age ?

They said no problems. When asked how many of them eat Gutkha.

9 children i.e. around 20% were eating gutkha from the past one year.

Gutkha costs Re. 1/- packet and they required 2 gutkhas every day. When asked do they know the results of eating Gutkha? They said yes, it leads to Cancer.

Why do they continue to chew it ?

They liked the taste and its time pass for them.

Don't your parents object to your eating Gutka ?

They said they don't know.

From where do they get money ?

They said, parents give money daily.

How many children have already consumed alcohol ?

One of them replied, yes.

When do they start drinking ?

In marriages.

How many of children are there whose fathers drink ?

Around 30% children are there whose fathers drink.

They said many houses in the village have their own distillery and each glass costs them Rs.5/- . Out of 49 students 19 have elder brothers, around 29%, and only 4 of them are employed i.e. approximately 5% are employed. When asked why the success rate in S.S.C. is bad ?

They said, they were not interested in studies.

Their parents do scold them and beat them for not studying. They don't have any problems with the teachers. When asked how many of them want to pursue studies offer Xth ? Only two of them said yet. Others want to do some technical course. They want to get a job in Shell.

When asked why don't the girls study after Xth ?

They said what is use of making girl educated.

When asked how many of them participated in household chores ?

Around 33% replied in affirmative. They help in water collection and cleaning and only one boy knows how to cook, he also keeps in washing clothes and utensils.

When asked how come he works ?

He said, he has no sister.

Do they feel bad, when their sisters work so much ?

All of them said yes, however they are not ready to share the work. When it was pointed out them, that girls don't study because of eve teasing in the village, they agreed and that is why parents get their girls married early.

When asked, boys do they tease girls ?

They said, the unemployed youth tease girls. And there is no eve teasing in the schools but on the way to school.

When asked, should there be a separate school for girls ?

Only one of them said no. Others agreed. However, they feel that this problem of eve teasing will decrease only if these unemployed youth will get employment.

When asked why these unemployed youth get married and why do the parents permit it ?

They said unemployment causes stress which leads to alcoholism and if he gets married, wife will cause tension and he will stop drinking.

We told them, we have arranged a discussion with these unemployed youth, they said, there will be no use in talking to them. In fact, they will create problem for you. However we will come

and help.

What should be the time of meeting ?

They said, morning, as in the evening all of them will be drunk.

The example of Anna Hazare was given to show what youth can actually do, as youth clubs have done in Anna Hazare's work. They said, nothing can be done in this village.

How many of you will start drinking after growing up ?

All of them said no one.

What kind of information do you require ?

They wanted to know what could be done after Xth. As many of them will have to start working because of the economic condition. We gave them the address of NOS (National Open School).

What are the major community problems ?

Water, fodder, electricity, transportation, roads.

When specifically asked, why the girls have to go and work in bridegroom's house before marriage, if the engagement last, for 2-3 years. They said it is a bad custom which should be stopped, because if engagement due to some reason gets cancelled, then the girl's name is spoiled forever and she has to get married in some other village. All of them feel that if a girl has to get married outside Hazira, it means the girl's character is not good.

Did they like talking to us ?

They said, yes and such discussions should be held time and again.

Adolescent Girls

The discussion was held among 25 girls of the school.

When asked, if brothers should also work only one of them said, yes.

How do the boys tease them ?

They said they sing songs, whistle and go near them driving their vehicles very fast. 4-5 of them didn't want to study further, the others wanted to go to Surat and study. However, they said their parents would not allow this.

How many would like to marry in Hazira ?

Only 20% of them wanted to stay in Hazira, rest of them wanted to get married in Surat.

They wanted a separate school for girls.

About menstruation, 6 of them had not attained puberty yet.

Were they told before about menstruation by their mothers before it started ?

They said that they were told not to go near god, eat hot things or go outside, but they were not told why it happens. They were also told how to use cloth during their periods.

For how many days do they have their menses ?
They replied for 5-6 days.

When asked what do they use ?
They said, they use cloth.

Where do they wash these clothes ?
In the bathroom.

Where do they dry ?
in the Sun in the backyard of the house.

How do they keep the cloth ?
They keep it in a corner in a plastic bag.

Are these clothes exchanged between mother and sisters, or other females in the house ?
They said no.

After how many hours, do they change their cloth ?
After every 4-5 hours.

What cloth do they use ?
They said, anything.

Where do they discard these clothes ?
After 2-3 cycles.

Focus Group Discussion (Youth)

The discussion started with an introduction by Seema to FRCH and our aim of coming to Hazira. The team's perception about the village was communicate. The objective of the meeting was to learn health problems of the young men. After discussing with the villagers the team realised that unemployment and alcoholism in the young group is rampant and this could have an impact on health. The objective of the meeting was to learn health issues of men.

20 of them were present. The group is called Rangeela mandal. The group was formed one day before Shell had its first meeting in the community. The group feels that other companies have co-opted few rich people of the village for their benefit and majority of the villagers are left high and dry. During the first meeting also, they had some problem in establishing dialogue with Shell. This was reported by the group. The first question was about their perception of a healthy person.

They said, weight, happiness and mental strength. They also said all these are closely related to job. Because, if you have job, only then you can get married. And the parents don't nag you about your unemployed state. The important indicator of health was to have a job.

Because of unemployment, boys suffer from stress and to reduce this stress they start consuming alcohol. That is why alcohol is a big problem in the village, as most of the boys are unemployed.

Because of tension they fight in their family and sometimes suffer from anxiety and depression and don't eat food, can't sleep, face restlessness, sleeplessness. The whole value of the society has changed because it was an agricultural based community where rolling money was little. After selling land to Essar, they had seen huge money first time in their life, that is why children are also used to an easy life. A ten year old gets Rs. 10/- per week and they spend it in eating Gutkha or gambling. Many of them from their teen age start eating 10-15 packets of Gutkha (All 20 of them were eating Gutkha) while one of them said, he eats 25 packets of Gutkha.

What are the major problems ?

They said according to priority unemployment, water, doctor and information (Sewage)

What kind of household chores they do ?

They said, they don't feel bad if their sisters work, it is their work.

The gutters are blocked and it leads to malaria, as mosquitoes breed in this water.

What are the problems due to outsiders in the community ?

They said basically these workers are ready to work even at Rs. 30/- per 12 hours which we can not do and that is why the villagers don't get any job.

Focus Group Discussion (Women)

10 women from Patel Nagar had come to attend the meeting. We introduced ourselves and started with the session.

First question was again what is their perception of a healthy person ?

The person who is a quick worker does not fall sick often. One who can eat anything and digest it.

Who falls more sick ? (men or women)

Women said men fall sick because of alcohol, women fall sick because of work, overwork, tension, tubectomy

What are the major health problems in your community ?

Blood pressure, Acidity, Gas, Cough, Cold, Vomitting, Loose motions, Backache, Arthritis, Cancer

When asked what are are women's problems ?

Diarrhoea, excessive bleeding, white discharge

And when we probed about prolapsed uterus ?

They said yes, maybe one in 25 occurs. Due to wrong delivery practices.

What happens when women are face stress ?

They said palpitation, Fever, Headache, Sleeplessness

Why there is tension ?

There is no water, water comes in the middle of night, so water tension is a big tension. Because when men drink and come, they fight and beat the women.

Women reported 50-80% of men beat their wives. While when the same question was asked to men, they said that 25%. One of the women said, people spend more money on clothes than rating that is also one of the main reasons for ill health.

One of the women had hysterectomy and she feels that due to this, she has headache, bodyache and abdominal pain is there. They also reported that due to tubectomy there is abdominal pain because they start working and lifting heavy weight within a month.

Health utilisation practices

About subcentre : The ANM only looks after pregnant women, immunizes children and conducts delivery, so she is of no help for curative and emergency services. That is why they don't utilize her services. Mora which is a subcentre developed by Reliance and has a doctor is still not utilized because she is not regular. And she does not treat children. (The boys said that the ANM doesn't visit houses like the previous one and we don't even know her)

About the private doctor (Dhansukh bhai), they use him in emergencies and for common diseases. Because : he does not stay in the village and his compounder starts drinking from 8 O'clock

Civil hospital is too far from Hazira and they have to spend a lot of money on travel, so they go to private hospitals.

We wanted to know, what kind of heavy work they do ?

One to getting firewood which they have to get from at least 2 - 2 1/2 kms and walk in a sandy street with heavy weight.

Cutting wood is also done by women and young girls.

This is their daily activity, when asked why do they require so much of firewood when there is gas!

It is very expensive and they have to refill it from Surat which is too far, through all the gas pipelines go through Hazira.

Essar water supply comes is in the middle of the right. They have to get up at 1 a.m. They complained that this leads to acidity and backache.

Menstrual hygiene :

They change clothes two or three times a day. They use cotton cloth. They wash and dry it in Sun. The clothes are put in a plastic bag and kept hidden in firewood. Every women has her own set of clothes and after every two or three cycles, they discard the clothes.

What are their indicators of illness ?

Weakness and a person who can not work.

Seema started the session by introducing FRCH and our intention of coming to the village. She assured them that we are not related in anyway to Shell India, and also that a copy of the report which we are going to submit to Shell will be given to Mr. Chandrakant so that the villagers could know what we have written.

Problems felt by them :

- Unemployment
- Roads
- 24 hrs. PHC
- Pollution from Essar/companies
- Non technical people should be trained and given jobs in the companies.
- Water
- Education
- Sanitation

There is not a proper distribution of mainline of water, so the supply gets reduced.

3.1.2001

Focus Group Males

1. Deven Bhogilal Daroga
2. Bhupendra Deepak Dolia
3. Chandra vadal Ramesh Khalashi
4. Sheetal Bhai Patel
5. Hiteshkumar Rameshbhai Khalashi
6. Sandip Kumar, Narpat Majera
7. Rajendrakumar Jagdish Patel
8. Vijay K Sailor
9. Hasmukhbhai, Chinka Khalashi
10. Tushar Patel
11. Uttam Patel
12. Suresh Patel
13. Kanayha Sailor
14. Chandrakant Khalashi
15. Jayaslesh Patel
16. Mahesh Patel
17. Mukesh M. Patel
18. Mahesh Khalashi
19. Hemant Khalashi
20. Kamlesh Patel
21. Tarun B. Patel
22. Rajan D. Khalashi

Focus Group Discussion Female - I

1. Ushaben Kamalbhai Patel
2. Manjula ben Navinbhai Patel
3. Dakshaben Harishbhai Patel
4. Rajvantiben Rasikbhai Patel
5. Ketanaben Chandrakantbhai Khalashi
6. Jyotiben Umeshbhai Khalashi
7. Taraben Mukeshbhai Patel.
8. Yamunaben Kantibhai Khalashi
9. Anitaben Rajasbhai Patel
10. Rakshaben Mukeshbhai Khalashi
11. Jyotsanaben Dharmeshbhai Patel
12. Urmilaben Bhogilal Daroga
13. Savitaben Maganbhai Patel
14. Sarojben Maheshbhai Patel
15. Geetaben Nimeshbhai Patel
16. Gangaben Ramanbhai Khalashi
17. Maltiben Rajeshbhai Patel
18. Laxmiben Hirabhai Khalashi
19. Rakshaben Vipulbhai Seth
20. Indiraben Pramodbhai Patel
21. Sushilaben Subhashchandra Sarang
22. Neeruben Hasmukhbhai Patel
23. Meeraben Nanubhai Khalashi
24. Jayshreeben Mahendrabhai Khalashi
25. Deepikaben Hemantbhai Patel
26. Rashminaben Vijaybhai Patel

Focus Group Discussion Female - II

1. Laxmiben Patel
2. Maruben Patel
3. Kusumben Patel
4. Sumitraben Patel
5. Sandhyaben Patel
6. Deepikaben Patel
7. Hemaben Patel
8. Poruben Patel
9. Varsha ben Patel
10. Jayaben Patel
11. Rinaben Patel
12. Manishaben Patel
13. Shantiben Patel
14. Manjulaben Patel
15. Jackieben Patel
16. Arunaben Patel

Focus Group Discussion (Adolescent Girls)

1. Roshni Sunilbhai Patel
2. Pratiksha Vasantbhai Patel
3. Meenakshi Deepakbhai Patel
4. Rinku Kamalbhai Patel
5. Kamini Kanubhai Patel
6. Mayuri Mukeshbhai Patel

Focus Group Discussion (Youth)

- | | |
|--------------------------------------|-----------------------|
| 1. Manojbhai Narsinghbhai Hazirawala | 11. R. D. Patel |
| 2. P. R. Bhagat | 12. Kalpesh V. Patel |
| 3. Sujitbhai Patel | 13. Pritesh Patel |
| 4. N. B. Khalashi | 14. N. B. Patel |
| 5. C. H. Patel | 15. Bhaveshbhai Patel |
| 6. T. B. Patel | 16. Chetan Patel |
| 7. D. N. Hazirakar | 17. Pritesh N. Patel |
| 8. Vipul Patel | 18. Tejas Patel |
| 9. Zignesh J. Patel | 19. Shirish Patel |
| 10. Vimal bhai Patel | 20. Satyam Khalashi |

Focus group discussion with girls and boys of Std. 7 to 9 of 'Jagruti' Vidyalaya